

ID#: _____

**DEPARTMENT OF STATE
TENNESSEE OPEN APPOINTMENTS
NOTICE OF VACANCY**

(One copy of this form to be completed for **EACH** vacant position)

NAME OF BOARD, COMMISSION, COUNCIL, COMMITTEE, AUTHORITY, TASK FORCE OR AGENCY

DEPARTMENT

NAME OF APPOINTING AUTHORITY FOR THIS VACANCY

NAME OF PREVIOUS MEMBER OR INDICATE "NEW POSITION"

VACANCY REASON: (Check one)

DATE OF VACANCY

☐ Scheduled end of term

Month Day Year

☐ Creation of new position

Month Day Year

☐ Reactivated agency position

Month Day Year

☐ Unscheduled vacancy (e.g. resignation, death, etc.)

Month Day Year

Explanation: _____

Is current member eligible for reappointment? ☐ NO ☐ YES In compliance with statute, does the
current member continue to serve until reappointed or replaced? ☐ NO ☐ YES

INFORMATION ON VACANT POSITION

QUALIFICATIONS: (Indicate all statutory requirements the appointee of this particular position must fulfill; e.g.: appointee must reside in West Tennessee, must represent private citizens, or must represent industry or teachers, etc.) _____

TERM BEGINS: _____
Month Day Year

TERM ENDS: _____
Month Day Year

Persons interested in this vacancy or persons requesting further information shall contact:

NAME

PHONE NO.

ADDRESS

ADDRESS

CITY

STATE

ZIP

(OVER)

Tennessee Code Annotated 10-7-605 requires the chair of an existing agency or the appointing authority to notify of vacancies as follows:

1) Vacancies due to scheduled end of term: Requires notice at least forty-five (45) days before vacancy occurs.

2) Newly created or reactivated agency: Requires notice of fifteen (15) days after the creation or reactivation of agency.

3) Unscheduled vacancies: Requires notice within fifteen (15) days after the vacancy occurs.

In accordance with the requirements of Tennessee Code Annotated 10-7-605, I affirm to the vacancy of this agency as documented on this form and do hereby authorize publication of this vacancy and the information submitted.

Signature of Chair or Appointing Authority

Date: Month Day Year

This form was prepared by: _____

Name

Phone No.

Date form submitted: _____

Month Day Year

Return completed forms to:

Tennessee Open Appointments
Office of the Secretary of State
Division of Publications
312 Eighth Avenue North, 8th Floor
William R. Snodgrass Tower
Nashville, Tennessee 37243-0310
(615) 741-2650 FAX: (615) 741-5133

OFFICE USE ONLY:

ID#: _____ FORM RECEIVED: _____

PUBLICATION DATES: _____
BEGINNING DATE DELETION DATE

